



Carbon Fiber AFO's (L1932 & L1951)

Coding & Documentation Guidelines

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**Achilles Tendinosis: Suggested Documentation Template When Dispensing the
EZ Trim AIR APO Anterior AFO (L1932)**

Patient Name: _____

Date of Service: _____

Patient Number: _____

Chief Complaint: _____

History of Present Illness: _____

Prior treatment attempts
include: _____

Exam

The range of motion of the right ankle with the knee bent is _____ degrees in dorsiflexion and _____ degrees in plantarflexion. There (is / is not) pain on this range of motion testing.

The range of motion of the left ankle with the knee bent is _____ degrees in dorsiflexion and _____ degrees in plantarflexion. There (is / is not) pain on this range of motion testing.

The range of motion of the right (choose one) ankle with the knee fully extended is _____ degrees in dorsiflexion and _____ degrees in plantarflexion. There (is / is not) pain on this range of motion testing.

The range of motion of the left (choose one) ankle with the knee fully extended is _____ degrees in dorsiflexion and _____ degrees in plantarflexion. There (is / is not) pain on this range of motion testing.

Muscle strength testing of ankle dorsiflexion right: + ____ / 5 There (is / is not) pain with this testing.

Muscle strength testing of ankle dorsiflexion left: + ____ / 5 There (is / is not) pain with this testing.

Muscle strength testing of ankle plantarflexion right: + ____ / 5 There (is / is not) pain with this testing.

Muscle strength testing of ankle plantarflexion left: + ____ / 5 There (is / is not) pain with this testing.

Pain on palpation to the midband area of the right / left (choose one) achilles tendon. There is some localized edema at the site of pain. Palpable thickening of the achilles tendon at this area of tenderness. No defects or tears palpated. No redness or heat to the area.

Gait analysis: Limp with antalgic gait favoring the right / left (choose one) side. Reduction in step length. Reduced stride length. Increase in double limb support. Reduction in hip extension at heel strike. Reduction in knee flexion through the stance phase of gait. Reduction in knee extension during toe off. Reduction in ankle joint plantarflexion at mid-stance phase.

Assessment

Weakness and gait disturbance secondary to achilles tendinosis right / left (choose one)

Plan

This patient has achilles tendinosis. The patient is ambulatory but the tendinosis is causing weakness, pain, and negatively impacting ambulation. This weakness should be addressed and providing stability to the affected achilles tendon should a long way in helping. There are multiple potential medical complications of this weakness. The impact it can have on the patient's activity level can significantly affect other body systems negatively. Stabilization is required in the form of an Ankle Foot Orthosis (AFO) that can relieve tension on the area of tendinosis. This can result in a significant improvement in weakness and function. As described above, the function of multiple joints and muscle groups are being negatively impacted by the achilles tendinosis. Addressing this with an AFO should improve function both short term and long term.

The patient's need for this brace did not begin during a hospitalization or a SNF stay.

To address the weakness and provide stabilization to the achilles tendinosis, a rigid EZ Trim AIR AFO Anterior AFO brace was dispensed today. The patient will wear this while ambulating. The rigidity of this brace is sufficient to address the weakness described and improve the function of the lower extremity. This brace extends above the ankle and is fastened around the lower leg. A size (XS, S, M, L) (choose one) was dispensed and its anterior shell height is (14, 15, 16, 17) inches. An outline of the patient's insole was traced onto the EZ Trim AIR AFO. A heavy duty scissors was used to cut off the traced area from the forefoot. Some rough edges were sanded to ensure a smooth finish. The straps were adjusted to the proper fit and such that the patient's dexterity will allow further adjusting if needed.

The brace was assembled in accordance with the manufacturer's instructions and adjusted to fit the patient as described above. The patient was examined while wearing the brace and ambulating in the brace and after the fitting was complete, the fit was appropriate. The patient stated it was comfortable.

The goals and function of this device were explained in detail to the patient. The patient was shown how to properly apply, remove, wear and care for the device. The patient was able to apply and remove the device properly without assistance when we were done. The brace was suitable for the condition and not substandard. No guarantees regarding resolution of symptoms were given and precautions were reviewed. Written instructions and warranty information were given along with the list of the current Durable Medical Equipment Supplier Standards. The patient signed a written proof of delivery. All questions were answered to their satisfaction.

Provider printed name and signature

These recommendations are taken from Local Coverage Determination (LCD): Ankle-Foot/Knee-Ankle-Foot Orthosis (L33686) and Local Coverage Article: Ankle-Foot/Knee-Ankle-Foot Orthoses - Policy Article (A52457) from CGS Administrators, LLC and Noridian Healthcare Solutions, LLC, pertaining to services performed on or after 01/01/2017.

Suggested diagnosis codes to consider:

M76.61 Achilles tendinitis, right leg
M76.62 Achilles tendinitis, left leg
R26.2 Difficulty in walking, not elsewhere classified
M79.661 Pain in right lower leg
M79.662 Pain in left lower leg

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Achilles Tendinosis: Suggested Documentation Template When Dispensing the EZ Trim AIR Posterior Spiral AFO (L1951)

Patient Name: _____

Date of Service: _____

Patient Number: _____

Chief Complaint: _____

History of Present Illness: _____

Prior treatment attempts
include: _____

Exam

The range of motion of the right ankle with the knee bent is _____ degrees in dorsiflexion and _____ degrees in plantarflexion. There (is / is not) pain on this range of motion testing.

The range of motion of the left ankle with the knee bent is _____ degrees in dorsiflexion and _____ degrees in plantarflexion. There (is / is not) pain on this range of motion testing.

The range of motion of the right (choose one) ankle with the knee fully extended is _____ degrees in dorsiflexion and _____ degrees in plantarflexion. There (is / is not) pain on this range of motion testing.

The range of motion of the left (choose one) ankle with the knee fully extended is _____ degrees in dorsiflexion and _____ degrees in plantarflexion. There (is / is not) pain on this range of motion testing.

Muscle strength testing of ankle dorsiflexion right: + ____ / 5 There (is / is not) pain with this testing.

Muscle strength testing of ankle dorsiflexion left: + ____ / 5 There (is / is not) pain with this testing.

Muscle strength testing of ankle plantarflexion right: + ____ / 5 There (is / is not) pain with this testing.

Muscle strength testing of ankle plantarflexion left: + ____ / 5 There (is / is not) pain with this testing.

Pain on palpation to the midband area of the right / left (choose one) Achilles tendon. There is some localized edema at the site of pain. Palpable thickening of the Achilles tendon at this area of tenderness. No defects or tears palpated. No redness or heat to the area.

Gait analysis: Limp with antalgic gait favoring the right / left (choose one) side. Reduction in step length. Reduced stride length. Increase in double limb support. Reduction in hip extension at heel strike. Reduction in knee flexion through the stance phase of gait. Reduction in knee extension during toe off. Reduction in ankle joint plantarflexion at mid-stance phase.

Assessment

Weakness and gait disturbance secondary to Achilles tendinosis right / left (choose one)

Plan

This patient has Achilles tendinosis. The patient is ambulatory but the tendinosis is causing weakness, pain, and negatively impacting ambulation. This weakness should be addressed and providing stability to the affected Achilles tendon should a long way in helping. There are multiple potential medical complications of this weakness. The impact it can have on the patient's activity level can significantly affect other body systems negatively. Stabilization is required in the form of an Ankle Foot Orthosis (AFO) that can relieve tension on the area of tendinosis. This can result in a significant improvement in weakness and function. As described above, the function of multiple joints and muscle groups are being negatively impacted by the Achilles tendinosis. Addressing this with an AFO should improve function both short term and long term.

The patient's need for this brace did not begin during a hospitalization or a SNF stay.

To address the weakness and provide stabilization to the Achilles tendinosis, a rigid EZ Trim AIR Posterior Spiral AFO brace was dispensed today. The patient will wear this while ambulating. The rigidity of this brace is sufficient to address the weakness described and improve the function of the lower extremity. This brace extends above the ankle and is fastened around the lower leg. A size (XS, S, M, L) (choose one) was dispensed and its anterior shell height is (14, 15, 16, 17) inches. An outline of the patient's insole was traced onto the EZ Trim AIR AFO. A heavy duty scissors was used to cut off the traced area from the forefoot. Some rough edges were sanded to ensure a smooth finish. The straps were adjusted to the proper fit and such that the patient's dexterity will allow further adjusting if needed.

The brace was assembled in accordance with the manufacturer's instructions and adjusted to fit the patient as described above. The patient was examined while wearing the brace and ambulating in the brace and after the fitting was complete, the fit was appropriate. The patient stated it was comfortable.

The goals and function of this device were explained in detail to the patient. The patient was shown how to properly apply, remove, wear and care for the device. The patient was able to apply and remove the device properly without assistance when we were done. The brace was suitable for the condition and not substandard. No guarantees regarding resolution of symptoms were given and precautions were reviewed. Written instructions and warranty information were given along with the list of the current Durable Medical Equipment Supplier Standards. The patient signed a written proof of delivery. All questions were answered to their satisfaction.

Provider printed name and signature

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Ankle-Foot/Knee-Ankle-Foot Orthoses - Policy Article (A52457) from CGS Administrators, LLC and Noridian Healthcare Solutions, LLC, pertaining to services performed on or after 01/01/2017.

Suggested diagnosis codes to consider:

M76.61 Achilles tendinitis, right leg
M76.62 Achilles tendinitis, left leg
R26.2 Difficulty in walking, not elsewhere classified
M79.661 Pain in right lower leg
M79.662 Pain in left lower leg

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Ankle Arthrosis: Suggested Documentation Template When Dispensing the EZ Trim AIR APO Anterior AFO (L1932)

Patient Name: _____

Date of Service: _____

Patient Number: _____

Chief Complaint: _____

History of Present Illness: _____

Prior treatment attempts
include: _____

Exam

The range of motion of the right ankle with the knee bent is _____ degrees in dorsiflexion and _____ degrees in plantarflexion. There (is / is not) pain on this range of motion testing. There is / is not (choose one) crepitus on testing.

The range of motion of the left ankle with the knee bent is _____ degrees in dorsiflexion and _____ degrees in plantarflexion. There (is / is not) pain on this range of motion testing. There is / is not (choose one) crepitus on testing.

The range of motion of the right (choose one) ankle with the knee fully extended is _____ degrees in dorsiflexion and _____ degrees in plantarflexion. There (is / is not) pain on this range of motion testing.

The range of motion of the left (choose one) ankle with the knee fully extended is _____ degrees in dorsiflexion and _____ degrees in plantarflexion. There (is / is not) pain on this range of motion testing.

Muscle strength testing of ankle dorsiflexion right: + ____ / 5 There (is / is not) pain with this testing.

Muscle strength testing of ankle dorsiflexion left: + ____ / 5 There (is / is not) pain with this testing.

Muscle strength testing of ankle plantarflexion right: + ____ / 5 There (is / is not) pain with this testing.

Muscle strength testing of ankle plantarflexion left: + ____ / 5 There (is / is not) pain with this testing.

Pain on palpation to the anterior, medial, and lateral aspects of the right / left (choose one) ankle. No ecchymosis and no point tenderness There is some localized edema over the right / left (choose one) ankle. No redness or heat to the area.

X-ray findings: _____

Gait analysis: Limp with antalgic gait favoring the right / left (choose one) side. Reduction in step length. Reduced stride length. Increase in double limb support. Reduction in hip extension at heel strike. Reduction in knee flexion through the stance phase of gait. Reduction in knee extension during toe off. Reduction in ankle joint dorsiflexion and plantarflexion throughout.

Assessment

Weakness and gait disturbance secondary to arthrosis of the right / left (choose one) ankle

Plan

This patient has chronic arthrosis of the ankle. The patient is ambulatory but the joint condition is causing weakness, pain, and negatively impacting ambulation. This weakness should be addressed and providing stability to the affected ankle joint should a long way in helping. There are multiple potential medical complications of this weakness. The impact it can have on the patient's activity level can significantly affect other body systems negatively. Stabilization of the ankle is required in the form of an Ankle Foot Orthosis (AFO). This can result in a significant improvement in weakness and function. As witnessed during the gait cycle analysis, the function of multiple joints and muscle groups are being negatively impacted by the ankle arthrosis. Addressing this with an AFO should improve function both short term and long term.

The patient's need for this brace did not begin during a hospitalization or a SNF stay.

To address the weakness and provide stabilization to the ankle joint, a rigid EZ Trim AIR APO Anterior AFO brace was dispensed today. The patient will wear this while ambulating. The rigidity of this brace is sufficient to address the weakness described, stabilize the affected ankle, and improve the function of the lower extremity. This brace extends above the ankle and is fastened around the lower leg. A size (XS, S, M, L) (choose one) was dispensed and its anterior shell height is (14, 15, 16, 17) inches. An outline of the patient's insole was traced onto the EZ Trim AIR AFO. A heavy duty scissors was used to cut off the traced area from the forefoot.

Some rough edges were sanded to ensure a smooth finish. The straps were adjusted to the proper fit and such that the patient's dexterity will allow further adjusting if needed.

The brace was assembled in accordance with the manufacturer's instructions and adjusted to fit the patient as described above. The patient was examined while wearing the brace and ambulating in the brace and after the fitting was complete, the fit was appropriate. The patient stated it was comfortable.

The goals and function of this device were explained in detail to the patient. The patient was shown how to properly apply, remove, wear and care for the device. The patient was able to apply and remove the device properly without assistance when we were done. The brace was suitable for the condition and not substandard. No guarantees regarding resolution of symptoms were given and precautions were reviewed. Written instructions and warranty information were given along with the list of the current Durable Medical Equipment Supplier Standards. The patient signed a written proof of delivery. All questions were answered to their satisfaction.

Provider printed name and signature

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Suggested diagnosis codes to consider:

M19.171 Post-traumatic osteoarthritis, right ankle and foot
M19.172 Post-traumatic osteoarthritis, left ankle and foot
R26.2 Difficulty in walking, not elsewhere classified
M25.571 Pain in right ankle and joints of right foot
M25.572 Pain in left ankle and joints of left foot

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Ankle Arthrosis: Suggested Documentation Template When Dispensing the EZ Trim AIR Posterior Spiral AFO (L1951)

Patient Name: _____

Date of Service: _____

Patient Number: _____

Chief Complaint: _____

History of Present Illness: _____

Prior treatment attempts

include: _____

Exam

The range of motion of the right ankle with the knee bent is _____ degrees in dorsiflexion and _____ degrees in plantarflexion. There (is / is not) pain on this range of motion testing. There is / is not (choose one) crepitus on testing.

The range of motion of the left ankle with the knee bent is _____ degrees in dorsiflexion and _____ degrees in plantarflexion. There (is / is not) pain on this range of motion testing. There is / is not (choose one) crepitus on testing.

The range of motion of the right (choose one) ankle with the knee fully extended is _____ degrees in dorsiflexion and _____ degrees in plantarflexion. There (is / is not) pain on this range of motion testing.

The range of motion of the left (choose one) ankle with the knee fully extended is _____ degrees in dorsiflexion and _____ degrees in plantarflexion. There (is / is not) pain on this range of motion testing.

Muscle strength testing of ankle dorsiflexion right: + ____ / 5 There (is / is not) pain with this testing.

Muscle strength testing of ankle dorsiflexion left: + ____ / 5 There (is / is not) pain with this testing.

Muscle strength testing of ankle plantarflexion right: + ____ / 5 There (is / is not) pain with this testing.

Muscle strength testing of ankle plantarflexion left: + ____ / 5 There (is / is not) pain with this testing.

Pain on palpation to the anterior, medial, and lateral aspects of the right / left (choose one) ankle. No ecchymosis and no point tenderness There is some localized edema over the right / left (choose one) ankle. No redness or heat to the area.

X-ray findings: _____

Gait analysis: Limp with antalgic gait favoring the right / left (choose one) side. Reduction in step length. Reduced stride length. Increase in double limb support. Reduction in hip extension at heel strike. Reduction in knee flexion through the stance phase of gait. Reduction in knee extension during toe off. Reduction in ankle joint dorsiflexion and plantarflexion throughout.

Assessment

Weakness and gait disturbance secondary to arthrosis of the right / left (choose one) ankle

Plan

This patient has chronic arthrosis of the ankle. The patient is ambulatory but the joint condition is causing weakness, pain, and negatively impacting ambulation. This weakness should be addressed and providing stability to the affected ankle joint should a long way in helping. There are multiple potential medical complications of this weakness. The impact it can have on the patient's activity level can significantly affect other body systems negatively. Stabilization of the ankle is required in the form of an Ankle Foot Orthosis (AFO). This can result in a significant improvement in weakness and function. As witnessed during the gait cycle analysis, the function of multiple joints and muscle groups are being negatively impacted by the ankle arthrosis. Addressing this with an AFO should improve function both short term and long term.

The patient's need for this brace did not begin during a hospitalization or a SNF stay.

To address the weakness and provide stabilization to the ankle joint, a rigid EZ Trim AIR Posterior Spiral AFO brace was dispensed today. The patient will wear this while ambulating. The rigidity of this brace is sufficient to address the weakness described, stabilize the affected ankle, and improve the function of the lower extremity. This brace extends above the ankle

and is fastened around the lower leg. A size (XS, S, M, L) (choose one) was dispensed and its anterior shell height is (14, 15, 16, 17) inches. An outline of the patient's insole was traced onto the EZ Trim AIR AFO. A heavy duty scissors was used to cut off the traced area from the forefoot. Some rough edges were sanded to ensure a smooth finish. The straps were adjusted to the proper fit and such that the patient's dexterity will allow further adjusting if needed.

The brace was assembled in accordance with the manufacturer's instructions and adjusted to fit the patient as described above. The patient was examined while wearing the brace and ambulating in the brace and after the fitting was complete, the fit was appropriate. The patient stated it was comfortable.

The goals and function of this device were explained in detail to the patient. The patient was shown how to properly apply, remove, wear and care for the device. The patient was able to apply and remove the device properly without assistance when we were done. The brace was suitable for the condition and not substandard. No guarantees regarding resolution of symptoms were given and precautions were reviewed. Written instructions and warranty information were given along with the list of the current Durable Medical Equipment Supplier Standards. The patient signed a written proof of delivery. All questions were answered to their satisfaction.

Provider printed name and signature

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Suggested diagnosis codes to consider:

M19.171 Post-traumatic osteoarthritis, right ankle and foot
M19.172 Post-traumatic osteoarthritis, left ankle and foot
R26.2 Difficulty in walking, not elsewhere classified
M25.571 Pain in right ankle and joints of right foot
M25.572 Pain in left ankle and joints of left foot

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**Equinus Deformity: Suggested Documentation Template When Dispensing
the EZ Trim AIR APO Anterior AFO (L1932)**

Patient Name: _____

Date of Service: _____

Patient Number: _____

Chief Complaint: _____

History of Present Illness: _____

Prior treatment attempts
include: _____

Exam

The range of motion of the right ankle with the knee bent is _____ degrees in dorsiflexion and _____ degrees in plantarflexion. There (is / is not) pain on this range of motion testing.

The range of motion of the left ankle with the knee bent is _____ degrees in dorsiflexion and _____ degrees in plantarflexion. There (is / is not) pain on this range of motion testing.

The range of motion of the right (choose one) ankle with the knee fully extended is _____ degrees in dorsiflexion and _____ degrees in plantarflexion. There (is / is not) pain on this range of motion testing.

The range of motion of the left (choose one) ankle with the knee fully extended is _____ degrees in dorsiflexion and _____ degrees in plantarflexion. There (is / is not) pain on this range of motion testing.

Muscle strength testing of ankle dorsiflexion right: + ____ / 5 There (is / is not) pain with this testing.

Muscle strength testing of ankle dorsiflexion left: + ____ / 5 There (is / is not) pain with this testing.

Muscle strength testing of ankle plantarflexion right: + ____ / 5 There (is / is not) pain with this testing.

Muscle strength testing of ankle plantarflexion left: + ____ / 5 There (is / is not) pain with this testing.

Despite this equinus deformity, the patient is ambulatory. However, their gait pattern is impacted by this equinus deformity and is causing deformity at other levels that are observed during gait analysis. During gait analysis, equinus is causing increase flexion of the (right / left) knee at heel strike. Because the ankle is not dorsiflexing as it should, there is also increased, abnormal pronation through the stance phase of gait (right / left). This is leading to an abnormal flattening of the arch.

Assessment

Equinus deformity right / left (choose one) with multilevel associated deformities involving the knee and foot

Plan

This patient has equinus deformity of the ankle. The patient is ambulatory but this deformity should be addressed and stabilized. There are multiple potential medical complications of equinus. It can cause pain, instability, gait disturbances, and other pathology to joints both proximal and distal to the ankle. It is for these reasons that stabilization is required in the form of an Ankle Foot Orthosis (AFO) that can address equinus. This can result in a significant improvement in function. As described above, the function of multiple joints and muscle groups are being negatively impacted by the patient's equinus. Addressing this with an AFO should improve function both short term and long term.

The patient's need for this brace did not begin during a hospitalization or a SNF stay.

To address the equinus deformity and provide stabilization, a rigid EZ Trim AIR APO Anterior AFO brace was dispensed today. The patient will wear this while ambulating. The rigidity of this brace is sufficient to address the equinus deformity and improve the function of the lower extremity. This brace extends above the ankle and is fastened around the lower leg. A size (XS, S, M, L) (choose one) was dispensed and its anterior shell height is (14, 15, 16, 17) inches. An outline of the patient's insole was traced onto the EZ Trim AIR AFO. A heavy duty scissors was used to cut off the traced area from the forefoot. Some rough edges were sanded to ensure a smooth finish. The straps were adjusted to the proper fit and such that the patient's dexterity will allow further adjusting if needed.

The brace was assembled in accordance with the manufacturer's instructions and adjusted to fit the patient as described above. The patient was examined while wearing the brace and ambulating in the brace and after the fitting was complete, the fit was appropriate. The patient stated it was comfortable.

The goals and function of this device were explained in detail to the patient. The patient was shown how to properly apply, remove, wear and care for the device. The patient was able to apply and remove the device properly without assistance when we were done. The brace was suitable for the condition and not substandard. No guarantees regarding resolution of symptoms were given and precautions were reviewed. Written instructions and warranty information were given along with the list of the current Durable Medical Equipment Supplier Standards. The patient signed a written proof of delivery. All questions were answered to their satisfaction.

Provider printed name and signature

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Suggested diagnosis codes to consider:

M67.01 Short Achilles tendon (acquired), right ankle
M67.02 Short Achilles tendon (acquired), left ankle
M24.571 Contracture, right ankle
M24.572 Contracture, left ankle
R26.2 Difficulty in walking, not elsewhere classified
M21.271 Flexion deformity, right ankle and toes
M21.272 Flexion deformity, left ankle and toes
M79.661 Pain in right lower leg
M79.662 Pain in left lower leg
M79.671 Pain in right foot
M79.672 Pain in left foot

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**Equinus Deformity: Suggested Documentation Template When Dispensing
the EZ Trim AIR Posterior Spiral AFO (L1951)**

Patient Name: _____

Date of Service: _____

Patient Number: _____

Chief Complaint: _____

History of Present Illness: _____

Prior treatment attempts

include: _____

Exam

The range of motion of the right ankle with the knee bent is _____ degrees in dorsiflexion and _____ degrees in plantarflexion. There (is / is not) pain on this range of motion testing.

The range of motion of the left ankle with the knee bent is _____ degrees in dorsiflexion and _____ degrees in plantarflexion. There (is / is not) pain on this range of motion testing.

The range of motion of the right (choose one) ankle with the knee fully extended is _____ degrees in dorsiflexion and _____ degrees in plantarflexion. There (is / is not) pain on this range of motion testing.

The range of motion of the left (choose one) ankle with the knee fully extended is _____ degrees in dorsiflexion and _____ degrees in plantarflexion. There (is / is not) pain on this range of motion testing.

Muscle strength testing of ankle dorsiflexion right: + ____ / 5 There (is / is not) pain with this testing.

Muscle strength testing of ankle dorsiflexion left: + ____ / 5 There (is / is not) pain with this testing.

Muscle strength testing of ankle plantarflexion right: + ____ / 5 There (is / is not) pain with this testing.

Muscle strength testing of ankle plantarflexion left: + ____ / 5 There (is / is not) pain with this testing.

Despite this equinus deformity, the patient is ambulatory. However, their gait pattern is impacted by this equinus deformity and is causing deformity at other levels that are observed during gait analysis. During gait analysis, equinus is causing increase flexion of the (right / left) knee at heel strike. Because the ankle is not dorsiflexing as it should, there is also increased, abnormal pronation through the stance phase of gait (right / left). This is leading to an abnormal flattening of the arch.

Assessment

Equinus deformity right / left (choose one) with multilevel associated deformities involving the knee and foot

Plan

This patient has equinus deformity of the ankle. The patient is ambulatory but this deformity should be addressed and stabilized. There are multiple potential medical complications of equinus. It can cause pain, instability, gait disturbances, and other pathology to joints both proximal and distal to the ankle. It is for these reasons that stabilization is required in the form of an Ankle Foot Orthosis (AFO) that can address equinus. This can result in a significant improvement in function. As described above, the function of multiple joints and muscle groups are being negatively impacted by the patient's equinus. Addressing this with an AFO should improve function both short term and long term.

The patient's need for this brace did not begin during a hospitalization or a SNF stay.

To address the equinus deformity and provide stabilization, a rigid EZ Trim AIR Posterior Spiral AFO for brace was dispensed today. The patient will wear this while ambulating. The rigidity of this brace is sufficient to address the equinus deformity and improve the function of the lower extremity. This brace extends above the ankle and is fastened around the lower leg. A size (XS, S, M, L) (choose one) was dispensed and its anterior shell height is (14, 15, 16, 17) inches. An outline of the patient's insole was traced onto the EZ Trim AIR AFO. A heavy duty scissors was used to cut off the traced area from the forefoot. Some rough edges were sanded to ensure a smooth finish. The straps were adjusted to the proper fit and such that the patient's dexterity will allow further adjusting if needed.

The brace was assembled in accordance with the manufacturer's instructions and adjusted to fit the patient as described above. The patient was examined while wearing the brace and ambulating in the brace and after the fitting was complete, the fit was appropriate. The patient stated it was comfortable.

The goals and function of this device were explained in detail to the patient. The patient was shown how to properly apply, remove, wear and care for the device. The patient was able to apply and remove the device properly without assistance when we were done. The brace was suitable for the condition and not substandard. No guarantees regarding resolution of symptoms were given and precautions were reviewed. Written instructions and warranty information were given along with the list of the current Durable Medical Equipment Supplier Standards. The patient signed a written proof of delivery. All questions were answered to their satisfaction.

Provider printed name and signature

Suggested diagnosis codes to consider:

M67.01 Short Achilles tendon (acquired), right ankle
M67.02 Short Achilles tendon (acquired), left ankle
M24.571 Contracture, right ankle
M24.572 Contracture, left ankle
R26.2 Difficulty in walking, not elsewhere classified
M21.271 Flexion deformity, right ankle and toes
M21.272 Flexion deformity, left ankle and toes
M79.661 Pain in right lower leg
M79.662 Pain in left lower leg
M79.671 Pain in right foot
M79.672 Pain in left foot

These recommendations are taken from Local Coverage Determination (LCD): Ankle-Foot/Knee-Ankle-Foot Orthosis (L33686) and Local Coverage Article: Ankle-Foot/Knee-Ankle-Foot Orthoses - Policy Article (A52457) from CGS Administrators, LLC and Noridian Healthcare Solutions, LLC, pertaining to services performed on or after 01/01/2017.

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Midfoot Arthrosis: Suggested Documentation Template When Dispensing the EZ Trim AIR APO Anterior AFO (L1932)

Patient Name: _____

Date of Service: _____

Patient Number: _____

Chief Complaint: _____

History of Present Illness: _____

Prior treatment attempts
include: _____

Exam

The range of motion of the right subtalar joint is _____ degrees in pronation and _____ degrees in supination. There (is / is not) pain on this range of motion testing. There is / is not (choose one) crepitus on testing.

The range of motion of the left subtalar joint is _____ degrees in pronation and _____ degrees in supination. There (is / is not) pain on this range of motion testing. There is / is not (choose one) crepitus on testing.

Pain on palpation along the dorsal aspect of the midtarsal joint and to the medial / lateral (choose one or both) aspects of the subtalar joint. No ecchymosis and no point tenderness
There is some localized edema over the right / left (choose one) midtarsal. No redness or heat to the area.

X-ray findings: _____

Gait analysis: Limp with antalgic gait favoring the right / left (choose one) side. Reduction in step length. Reduced stride length. Increase in double limb support. Reduction in hip extension at heel strike. Reduction in knee flexion through the stance phase of gait. Reduction

in knee extension during toe off. Reduction in both subtalar joint supination and pronation throughout.

Assessment

Weakness and gait disturbance secondary to arthrosis of the right / left (choose one) midfoot

Plan

This patient has chronic arthrosis of the midfoot. Proper function of the joints of the midfoot is necessary for normal ambulation and full strength. The patient is ambulatory but the joint condition is causing weakness, pain, and negatively impacting ambulation. This weakness should be addressed and providing stability to the affected midfoot should go a long way in helping. There are multiple potential medical complications of this weakness. The impact it can have on the patient's activity level can significantly affect other body systems negatively. Stabilization of the midfoot is required in the form of an Ankle Foot Orthosis (AFO). This can result in a significant improvement in weakness and function. As witnessed during the gait cycle analysis, the function of multiple joints and muscle groups are being negatively impacted by the midfoot arthrosis. Addressing this with an AFO should improve function both short term and long term.

The patient's need for this brace did not begin during a hospitalization or a SNF stay.

To address the weakness and provide stabilization to the ankle joint, a rigid EZ Trim AIR APO Anterior AFO brace was dispensed today. The patient will wear this while ambulating. The rigidity of this brace is sufficient to address the weakness described, stabilize the affected ankle, and improve the function of the lower extremity. This brace extends above the ankle and is fastened around the lower leg. A size (XS, S, M, L) (choose one) was dispensed and its anterior shell height is (14, 15, 16, 17) inches. An outline of the patient's insole was traced onto the EZ Trim AIR AFO. A heavy duty scissors was used to cut off the traced area from the forefoot. Some rough edges were sanded to ensure a smooth finish. The straps were adjusted to the proper fit and such that the patient's dexterity will allow further adjusting if needed.

The brace was assembled in accordance with the manufacturer's instructions and adjusted to fit the patient as described above. The patient was examined while wearing the brace and ambulating in the brace and after the fitting was complete, the fit was appropriate. The patient stated it was comfortable.

The goals and function of this device were explained in detail to the patient. The patient was shown how to properly apply, remove, wear and care for the device. The patient was able to apply and remove the device properly without assistance when we were done. The brace was suitable for the condition and not substandard. No guarantees regarding resolution of symptoms were given and precautions were reviewed. Written instructions and warranty

information were given along with the list of the current Durable Medical Equipment Supplier Standards. The patient signed a written proof of delivery. All questions were answered to their satisfaction.

Provider printed name and signature

These recommendations are taken from Local Coverage Determination (LCD): Ankle-Foot/Knee-Ankle-Foot Orthosis (L33686) and Local Coverage Article: Ankle-Foot/Knee-Ankle-Foot Orthoses - Policy Article (A52457) from CGS Administrators, LLC and Noridian Healthcare Solutions, LLC, pertaining to services performed on or after 01/01/2017.

Suggested diagnosis codes to consider:

M19.171 Post-traumatic osteoarthritis, right ankle and foot
M19.172 Post-traumatic osteoarthritis, left ankle and foot
R26.2 Difficulty in walking, not elsewhere classified
M25.571 Pain in right ankle and joints of right foot
M25.572 Pain in left ankle and joints of left foot
M79.671 Pain in right foot
M79.672 Pain in left foot

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Midfoot Arthrosis: Suggested Documentation Template When Dispensing the EZ Trim AIR Posterior Spiral AFO (L1951)

Patient Name: _____

Date of Service: _____

Patient Number: _____

Chief Complaint: _____

History of Present Illness: _____

Prior treatment attempts
include: _____

Exam

The range of motion of the right subtalar joint is _____ degrees in pronation and _____ degrees in supination. There (is / is not) pain on this range of motion testing. There is / is not (choose one) crepitus on testing.

The range of motion of the left subtalar joint is _____ degrees in pronation and _____ degrees in supination. There (is / is not) pain on this range of motion testing. There is / is not (choose one) crepitus on testing.

Pain on palpation along the dorsal aspect of the midtarsal joint and to the medial / lateral (choose one or both) aspects of the subtalar joint. No ecchymosis and no point tenderness. There is some localized edema over the right / left (choose one) midtarsal. No redness or heat to the area.

X-ray findings: _____

Gait analysis: Limp with antalgic gait favoring the right / left (choose one) side. Reduction in step length. Reduced stride length. Increase in double limb support. Reduction in hip extension at heel strike. Reduction in knee flexion through the stance phase of gait. Reduction

in knee extension during toe off. Reduction in both subtalar joint supination and pronation throughout.

Assessment

Weakness and gait disturbance secondary to arthrosis of the right / left (choose one) midfoot

Plan

This patient has chronic arthrosis of the midfoot. Proper function of the joints of the midfoot is necessary for normal ambulation and full strength. The patient is ambulatory but the joint condition is causing weakness, pain, and negatively impacting ambulation. This weakness should be addressed and providing stability to the affected midfoot should go a long way in helping. There are multiple potential medical complications of this weakness. The impact it can have on the patient's activity level can significantly affect other body systems negatively. Stabilization of the midfoot is required in the form of an Ankle Foot Orthosis (AFO). This can result in a significant improvement in weakness and function. As witnessed during the gait cycle analysis, the function of multiple joints and muscle groups are being negatively impacted by the midfoot arthrosis. Addressing this with an AFO should improve function both short term and long term.

The patient's need for this brace did not begin during a hospitalization or a SNF stay.

To address the weakness and provide stabilization to the ankle joint, a rigid EZ Trim AIR Posterior Spiral AFO brace was dispensed today. The patient will wear this while ambulating. The rigidity of this brace is sufficient to address the weakness described, stabilize the affected ankle, and improve the function of the lower extremity. This brace extends above the ankle and is fastened around the lower leg. A size (XS, S, M, L) (choose one) was dispensed and its anterior shell height is (14, 15, 16, 17) inches. An outline of the patient's insole was traced onto the EZ Trim AIR AFO. A heavy duty scissors was used to cut off the traced area from the forefoot. Some rough edges were sanded to ensure a smooth finish. The straps were adjusted to the proper fit and such that the patient's dexterity will allow further adjusting if needed.

The brace was assembled in accordance with the manufacturer's instructions and adjusted to fit the patient as described above. The patient was examined while wearing the brace and ambulating in the brace and after the fitting was complete, the fit was appropriate. The patient stated it was comfortable.

The goals and function of this device were explained in detail to the patient. The patient was shown how to properly apply, remove, wear and care for the device. The patient was able to apply and remove the device properly without assistance when we were done. The brace was suitable for the condition and not substandard. No guarantees regarding resolution of symptoms were given and precautions were reviewed. Written instructions and warranty

information were given along with the list of the current Durable Medical Equipment Supplier Standards. The patient signed a written proof of delivery. All questions were answered to their satisfaction.

Provider printed name and signature

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Suggested diagnosis codes to consider:

M19.171 Post-traumatic osteoarthritis, right ankle and foot
M19.172 Post-traumatic osteoarthritis, left ankle and foot
R26.2 Difficulty in walking, not elsewhere classified
M25.571 Pain in right ankle and joints of right foot
M25.572 Pain in left ankle and joints of left foot
M79.671 Pain in right foot
M79.672 Pain in left foot

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Foot Drop: Suggested Documentation Template When Dispensing the EZ Trim AIR APO Anterior AFO (L1932)

Patient Name: _____

Date of Service: _____

Patient Number: _____

Chief Complaint: _____

History of Present Illness: _____

Prior treatment attempts
include: _____

Exam

The range of motion of the right ankle with the knee bent is _____ degrees in dorsiflexion and _____ degrees in plantarflexion. There (is / is not) pain on this range of motion testing.

The range of motion of the left ankle with the knee bent is _____ degrees in dorsiflexion and _____ degrees in plantarflexion. There (is / is not) pain on this range of motion testing.

The range of motion of the right ankle with the knee fully extended is _____ degrees in dorsiflexion and _____ degrees in plantarflexion. There (is / is not) pain on this range of motion testing.

The range of motion of the left ankle with the knee fully extended is _____ degrees in dorsiflexion and _____ degrees in plantarflexion. There (is / is not) pain on this range of motion testing.

Muscle strength testing of ankle dorsiflexion right: + ____ / 5 There (is / is not) pain with this testing.

Muscle strength testing of ankle dorsiflexion left: + ____ / 5 There (is / is not) pain with this testing.

Muscle strength testing of ankle plantarflexion right: + ____ / 5 There (is / is not) pain with this testing.

Muscle strength testing of ankle plantarflexion left: + ____ / 5 There (is / is not) pain with this testing.

Gait analysis: Gait is slow and there is insufficient dorsiflexion of the right / left (choose one) ankle. The anterior portion of the right / left (choose one) foot is not lifting as it should and it is striking the ground more forcibly than it should. The right / left (choose one) thigh is raising more than normal indicative of steppage gait. The right / left (choose one) foot is / is not (choose one) dragging on the floor. There is a decreased / absent (choose one) heel strike on the right / left (choose one). Toe touch is occurring earlier than it should on right / left (choose one).

Patient is ambulatory. However, their gait pattern and ability to ambulate is impacted by the weakness of foot drop. This has deformed their gait pattern and is causing deformity at multiple levels of the lower extremity described above.

Assessment

Foot drop and associated weakness right / left (choose one) with associated gait disturbance

Plan

This patient has foot drop right / left (choose one) with associated gait disturbance. The patient is ambulatory, but with significant weakness and difficulty walking. This weakness should be addressed and stabilized to assist in ambulation and help to prevent falls. Besides potential falls and difficulty walking there are other medical reasons this weakness should be addressed. For one, the impact it can have on the patient's activity level can significantly affect other body systems negatively.

Stabilization is required in the form of an Ankle Foot Orthosis (AFO) that can address drop foot. This can result in a significant improvement in function by compensating for the weakness. This AFO should restore normal heel strike and restore dorsiflexion during the swing phase of gait.

The patient's need for this brace did not begin during a hospitalization or a SNF stay.

To address the foot drop and provide stabilization and improve function, a rigid EZ Trim AIR AFO Anterior AFO brace was dispensed today. The patient will wear this while ambulating. The rigidity of this brace is sufficient to address the foot drop and improve the function of the lower extremity. This brace extends above the ankle and is fastened around the lower leg. A size (XS, S, M, L) (choose one) was dispensed and its anterior shell height is (14, 15, 16, 17) inches. An outline of the patient's insole was traced onto the EZ Trim AIR AFO. A heavy duty scissors was used to cut off the traced area from the forefoot. Some rough edges were sanded to ensure a

smooth finish. The straps were adjusted to the proper fit and such that the patient's dexterity will allow further adjusting if needed.

The brace was assembled in accordance with the manufacturer's instructions and adjusted to fit the patient as described above. The patient was examined while wearing the brace and ambulating in the brace and after the fitting was complete, the fit was appropriate. The patient stated it was comfortable.

The goals and function of this device were explained in detail to the patient. The patient was shown how to properly apply, remove, wear and care for the device. The patient was able to apply and remove the device properly without assistance when we were done. The brace was suitable for the condition and not substandard. No guarantees regarding resolution of symptoms were given and precautions were reviewed. Written instructions and warranty information were given along with the list of the current Durable Medical Equipment Supplier Standards. The patient signed a written proof of delivery. All questions were answered to their satisfaction.

Provider printed name and signature

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Suggested diagnosis codes to consider:

M21.371 Foot drop, right foot
M21.372 Foot drop, left foot
R26.2 Difficulty in walking, not elsewhere classified
R26.81 Unsteadiness on feet
R26.89 Other abnormalities of gait and mobility
M79.661 Pain in right lower leg
M79.662 Pain in left lower leg
M79.671 Pain in right foot
M79.672 Pain in left foot

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**Foot Drop: Suggested Documentation Template When Dispensing the EZ Trim
AIR Posterior Sprial AFO (L1951)**

Patient Name: _____

Date of Service: _____

Patient Number: _____

Chief Complaint: _____

History of Present Illness: _____

Prior treatment attempts
include: _____

Exam

The range of motion of the right ankle with the knee bent is _____ degrees in dorsiflexion and _____ degrees in plantarflexion. There (is / is not) pain on this range of motion testing.

The range of motion of the left ankle with the knee bent is _____ degrees in dorsiflexion and _____ degrees in plantarflexion. There (is / is not) pain on this range of motion testing.

The range of motion of the right ankle with the knee fully extended is _____ degrees in dorsiflexion and _____ degrees in plantarflexion. There (is / is not) pain on this range of motion testing.

The range of motion of the left ankle with the knee fully extended is _____ degrees in dorsiflexion and _____ degrees in plantarflexion. There (is / is not) pain on this range of motion testing.

Muscle strength testing of ankle dorsiflexion right: + ____ / 5 There (is / is not) pain with this testing.

Muscle strength testing of ankle dorsiflexion left: + ____ / 5 There (is / is not) pain with this testing.

Muscle strength testing of ankle plantarflexion right: + ____ / 5 There (is / is not) pain with this testing.

Muscle strength testing of ankle plantarflexion left: + ____ / 5 There (is / is not) pain with this testing.

Gait analysis: Gait is slow and there is insufficient dorsiflexion of the right / left (choose one) ankle. The anterior portion of the right / left (choose one) foot is not lifting as it should and it is striking the ground more forcibly than it should. The right / left (choose one) thigh is raising more than normal indicative of steppage gait. The right / left (choose one) foot is / is not (choose one) dragging on the floor. There is a decreased / absent (choose one) heel strike on the right / left (choose one). Toe touch is occurring earlier than it should on right / left (choose one).

Patient is ambulatory. However, their gait pattern and ability to ambulate is impacted by the weakness of foot drop. This has deformed their gait pattern and is causing deformity at multiple levels of the lower extremity described above.

Assessment

Foot drop and associated weakness right / left (choose one) with associated gait disturbance

Plan

This patient has foot drop right / left (choose one) with associated gait disturbance. The patient is ambulatory, but with significant weakness and difficulty walking. This weakness should be addressed and stabilized to assist in ambulation and help to prevent falls. Besides potential falls and difficulty walking there are other medical reasons this weakness should be addressed. For one, the impact it can have on the patient's activity level can significantly affect other body systems negatively.

Stabilization is required in the form of an Ankle Foot Orthosis (AFO) that can address drop foot. This can result in a significant improvement in function by compensating for the weakness. This AFO should restore normal heel strike and restore dorsiflexion during the swing phase of gait.

The patient's need for this brace did not begin during a hospitalization or a SNF stay.

To address the drop foot and provide stabilization and improve function, a rigid EZ Trim AIR Posterior Spiral AFO brace was dispensed today. The patient will wear this while ambulating. The rigidity of this brace is sufficient to address the equinus deformity and improve the function of the lower extremity. This brace extends above the ankle and is fastened around the lower leg. A size (XS, S, M, L) (choose one) was dispensed and its anterior shell height is (14, 15, 16, 17) inches. An outline of the patient's insole was traced onto the EZ Trim AIR AFO. A heavy duty scissors was used to cut off the traced area from the forefoot. Some rough edges were

sanded to ensure a smooth finish. The straps were adjusted to the proper fit and such that the patient's dexterity will allow further adjusting if needed.

The brace was assembled in accordance with the manufacturer's instructions and adjusted to fit the patient as described above. The patient was examined while wearing the brace and ambulating in the brace and after the fitting was complete, the fit was appropriate. The patient stated it was comfortable.

The goals and function of this device were explained in detail to the patient. The patient was shown how to properly apply, remove, wear and care for the device. The patient was able to apply and remove the device properly without assistance when we were done. The brace was suitable for the condition and not substandard. No guarantees regarding resolution of symptoms were given and precautions were reviewed. Written instructions and warranty information were given along with the list of the current Durable Medical Equipment Supplier Standards. The patient signed a written proof of delivery. All questions were answered to their satisfaction.

Provider printed name and signature

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Suggested diagnosis codes to consider:

M21.371 Foot drop, right foot
M21.372 Foot drop, left foot
R26.2 Difficulty in walking, not elsewhere classified
R26.81 Unsteadiness on feet
R26.89 Other abnormalities of gait and mobility
M79.661 Pain in right lower leg
M79.662 Pain in left lower leg
M79.671 Pain in right foot
M79.672 Pain in left foot

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